PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

09/03/2010

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mainted to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address and of the direct direction in Block I, by (a) specifying a new correspondence address and of the direct direction of the Block II of the specified in the specified of the specified in the specified in the specified of the specified in the specified in the specified of the specified in the specified i maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Feets Transmittal. This certificate cannot be used for any other accompanying papers. Such additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

22045	7590 09/03	/2010			Cir.	**Ficate	of Mailing or Transa	rtssion		
BROOKS KUS 1000 TOWN CE TWENTY-SECO	NTER			I h Str ad tra	ereby certify that the tes Postal Service values fressed to the Mainsmitted to the USP	nis Fee(s with suff I Stop TO (57	Transmittal is being fictent postage for first ISSUE TEE address 1) 273-2885, on the da	deposited with the class mail in an above, or being te indicated below	: United :nvelope acsimile	
SOUTHFIELD,	MI 48075	Г		\nearrow		(Deposit	or's name)			
									Signature)	
									(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVEN		R	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/595,306 11/17/2006				Oystein Gomo		PROT0103PUSA		7125		
TITLE OF INVENTION: MEDICAL PATIENT STIMULATOR										
APPLN. TYPE	PLN. TYPE SMALL ENTITY		SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	IE FEE	TOTAL FEE(S) DUE	DATE DU	E	
nonprovisional	NO		\$1510	\$300 .	. \$0		\$1810	12/03/20	12/03/2010	
EXAMINER			ART UNIT	CLASS-SUBCLASS]					
FLETCHER, JE	RRY-DARYL	3715	434-267000							
Change of correspondence address or indication of "Fee Address" (37 CFR 1.85). Change of correspondence address (or Change of Correspondence Address from PFO/SB/12) attached. "Fee Address" indication (or "Fee Address" indication form PFO/SB/12) attached. "Bee Address" indication (or "Fee Address" indication form PFO/SB/14", Fee 0.30.20 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 5 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A PLEASE NOTE: Unitecordation as set forti (A) NAME OF ASSIG Laerdal Me	ess an assignee is ident h in 37 CFR 3.11. Com 3NEE	elow, no assignee of this form is NO	c data will appear on the patent. If an assignce is identified below, the document has been filed for Tra abstitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Stavanger, Norway							
Please check the appropr	iate assignee category o	r catego	ries (will not be pr	inted on the patent):	Individual 🖾 C	Corporat	ion or other private gro	oup entity Go	emment	
4a. The following fee(s) are submitted: ② Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the grequited (fee(s), any deficiency, or credit any "overpayment," to Deposit Account Number ①2 – 39 2B. (enclose an extra copy of this form).						
5. Change in Entity Sta	e SMALL ENTITY stat	us See	37 CFR 1 27.	☐ b. Applicant is no le	onger claiming SMA	LL EN	FITY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee an interest as shown by the	d Publication Fec (if rec records of the United St	quired) v ates Pate	will not be accepte ent and Trademark	d from anyone other that Office.	the applicant; a reg	gistered	attomey or agent; or th	e assignee or othe	r party in	
Authorized Signature /Junqi Hanq/					Date	Nover	mber 22, 2010	2		
Typed or printed nam	e Jungi Hanc		no is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) 1.14. That collection is estimated to state 12 minutes to complete, including gathering, preparing, and depending upon the individual case. Any comments on the amount of time you require to complete Chief Information Officer, U.S. Papertainent of Commerce, P.O. OMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,							
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 tiality is governed by 3: d application form to the construction for reducing this by tirginia 22313-1450. D	CFR 1.3 5 U.S.C e USPT irden, sl O NOT	11. The informati . 122 and 37 CFR O. Time will vary hould be sent to th SEND FEES OR	on is required to obtain of 1.14. This collection is depending upon the in e Chief Information Off COMPLETED FORMS	r retain a benefit by estimated to take 12 lividual case. Any o icer, U.S. Patent and TO THIS ADDRES	the pub minute commen d Trader SS. SEN	lic which is to file (and s to complete, including ts on the amount of ti- nark Office, U.S. Dep D TO: Commissioner	by the USPTO to g gathering, prepare you require to ariment of Comm for Patents, P.O. I	process) uring, and complete erce, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.